## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

942891

| (Column 1)   |  |   |                  |              | (Column 2)                   |                  |          | SMALL ENTITY TYPE   |                        |    | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|------------------|--------------|------------------------------|------------------|----------|---------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS   |  |   | U                |              |                              |                  |          | RATE                | FEE                    |    | RATE                       | FEE                    |
| FOR  |  |   | NUMBER           | NUMBER FILED |                              | NUMBER EXTRA     |          | BASIC FEE           | 370.00                 | OR | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | U minus 20=      |              | * 21                         |                  |          | X\$ 9=              |                        | OR | X\$18=                     | 3×5                    |
| INDEPENDENT CLAIMS   |  |   | 8 minus 3 =      |              | * 5                          |                  | Ì        | X42=                |                        | OR | X84=                       | UW)                    |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PR                             | RESENT           |              |                              |                  |          | +140=               |                        | OR | +280=                      |                        |
| * If   | the difference                                 | in column 1 is                            | less than ze     | ero, ente    | r "0" in c                   | olumn 2          |          | TOTAL               |                        | OR | TOTAL                      | 1500                   |
|  | C  | LAIMS AS A                                | MENDED - PART II |              |                              |                  |          |                     |                        |    | OTHER THAN                 |                        |
|  | E3-1-12-12-12-12-12-12-12-12-12-12-12-12-1     | (Column 1)                                |                  |              | mn 2)                        | (Column 3)       |          | SMALL               |                        | OR | SMALL                      |                        |
| <b>AMENDMENT A</b>   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus            | **           |                              | =                |          | X\$ 9=              |                        | OR | X\$18=                     |                        |
|  | Independent                                    | *   | Minus            | ***          | T CL AINA                    | =,               |          | X42=                |                        | OR | X84=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |              |                              |                  |          | +140=               |                        | OR | +280=                      |                        |
|  |  |   |                  |              |                              |                  |          | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|  |  | (Column 1)                                |                  | (Colu        | mn 2)                        | (Column 3)       |          |                     |                        | •  |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI | HEST<br>1BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus            | **           |                              | =                |          | X\$ 9=              |                        | OR | X\$18=                     |                        |
|  | Independent                                    | *   | Minus            | ***          | T 01 A114                    | = _              |          | X42=                |                        | OR | X84=                       |                        |
| L  | FIRST PRESE                                    | NTATION OF MU                             | JETIPLE DEF      | ENDEN        | I CLAIM                      |                  | <b>'</b> | +140=               |                        | OR | +280=                      |                        |
|  |  |   |                  |              |                              |                  | L        | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|  |  | (Column 1)                                |                  | (Colu        | mn 2)                        | (Column 3)       |          |                     |                        |    | ADDII. 1 EE                |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total.   | *   | Minus            | **           |                              | =                |          | X\$ 9=              |                        | OR | X\$18=                     |                        |
|  | Independent                                    | *   | Minus            | ***          | T CL AIM                     | =-               |          | X42=                |                        | OR | X84=                       |                        |
|  | Trinoi PRESE                                   | NTATION OF M                              | OLITE DE         | - CINDEIN    | CLANVI                       |                  | <b>'</b> | +140=               |                        | OR | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."   |  |   |                  |              |                              |                  |          | TOTAL               | ·                      | OR | TOTAL                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                  |              |                              |                  |          |                     |                        |    |                            |                        |
|  |  |   |                  |              | ,                            |                  |          |                     |                        |    | -                          |                        |